

OPHEP Travel Expense Report

Commissioned Officer: Yes / No

Name of Traveler: _____ SSN: _____

Dates of Travel - From: _____ To: _____ Email: _____

Mission Name: _____ Phone: _____

Mailing Address (no PO box): _____ Fax Number: _____

City _____ State _____ Zip _____

	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Deployment Location							
Commercial Transportation <i>if self-paid only</i>							
Booking Fee <i>if Self-paid Only</i>							
List Lodging <i>if Self-paid Only</i>							
Lodging Tax							
Rental Car: <i>Do not itemize</i>							
Taxi/Shuttle							
POV Mileage							
Personal Phone Calls <i>must have detailed receipts</i>							
Business Phone Calls <i>must have detailed receipts</i>							
Meals Provided to Traveler: (Breakfast/Lunch Dinner/All/None)							
Other Expenses Specify							
Other Expenses Specify							